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4237756346 P 116/118

Division of Health Care Facilities

FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7201	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 06/04/2012
NAME OF PROVIDER OR SUPPLIER LAURELBROOK SANITARIUM		STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE DAYTON, TN 37321		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(N 831)	1200-8-6-.08 (1) Building Standards (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured. This Rule is not met as evidenced by: Based on observation, the facility failed to assure the building is constructed and maintained to ensure the safety of the residents and staff. The findings include: 1. Observation on May 14, 2012 at 3:32 p.m. revealed numerous areas of damage to the paint in patient rooms 24 and 25 near the head of the patient beds. 2. Observation on May 14, 2012 at 3:20 p.m. revealed the metal underpinning installed under the porch area at the west exit was damaged or missing making the structure of the building visible from below. 3. Observation on May 14, 2012 at 2:38 p.m. revealed numerous wall and floor tile missing in the kitchen area. 4. Observation on May 14, 2012 at 5:30 p.m. revealed one (1) broken glass panel in the glass partition wall in the front lobby near the front entrance. These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on May 14, 2012.	(N 831)	N 831 1200-8-6-.08 (1) 1) Rooms 24 and 25 have been repainted on 5/31/12. Metal underpinning has been installed under porch area at west wing exit 5/31/12. Floor tile in kitchen area replaced on 5/31/12. Broken glass near front entrance has been replaced on 5/30/12. 2) The Maintenance Supervisor checked all rooms on 6/1/12 for damaged areas to paint and repaired/painted any that were found. 3) On 5/16/12 the Maintenance Supervisor will start doing a Romm/Bath/Equipment Fall Risk Assessment Form. This form will be completed on a quarterly basis following the Care Plan Schedule. Exhibit # 57 4) Starting 6/1/12 the Maintenance Supervisor will report a list of room repairs done or in process to the QAPI Committee on a quarterly basis and ultimately the Administrator will report to the Board Quarterly.	6/5/12
(N 835)	1200-8-6-.08 (5) Building Standards	(N 835)		

Division of Health Care Facilities

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6500

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If continuation sheet 1 of 3

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Division of Health Care Facilities

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If continuation sheet 1 of 3

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FACILITY SURVEILLANCE
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7201	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 06/04/2012
NAME OF PROVIDER OR SUPPLIER LAURELBROOK SANITARIUM		STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE DAYTON, TN 37321		
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(N 835)	<p>Continued From page 1</p> <p>(5) No new nursing home shall be constructed, nor shall major alterations be made to an existing nursing home without prior written approval of the department, and unless in accordance with plans and specifications approved in advance by the department. Before any new nursing home is licensed or before any alteration or expansion of a licensed nursing home can be approved, the applicant must furnish two (2) complete sets of plans and specifications to the department, together with fees and other information as required. Plans and specifications for new construction and major renovations, other than minor alterations not affecting fire and life safety or functional issues, shall be prepared by or under the direction of a licensed architect and/or a licensed engineer and in accordance with the rules of the Board of Architectural and Engineering Examiners.</p> <p>This Rule is not met as evidenced by: Based on observation, the facility failed to assure plans were submitted for approval prior to work beginning. The findings include:</p> <p>Observation and interview with maintenance director on May 14, 2012 at 3:50 p.m. revealed a new HVAC PTAC unit was installed in patient room one, seven (7) other units are scheduled to be installed in the seven (7) remaining rooms on the wing all without prior approval from the department.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on May 14, 2012.</p>	(N 835)	<p>N 835 1200-8-6-.08 (s)</p> <p>1) Project was halted on installing HVAC units pending notification by Department of Health on 5/15/12.</p> <p>2) On 5/28/12 an application was submitted to Mr. Bill Harmon with the Department of Health-plans review division - regarding installation of eight (8) air conditioning units for east wing. Payment of required fee made.</p> <p>Exhibit # 58</p> <p>3) The Department's process for reviewing plans of any construction was reviewed on 5/28/12 by Healthcare Consultant and any new plant changes will be submitted to Department of Health for approval prior to beginning the project.</p> <p>4) Starting 5/31/12 the Maintenance Supervisor will report any repairs needing Department of Health approval to the QAPI Committee and ultimately the Administrator will report to the Board Quarterly.</p>	6/5/12